

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000103032

1. Entity Name
PRIVATE POOLS, INC.



Principal Place of Business
14806 FRONT BEACH RD, BOX 12
PANAMA CITY BEACH, FL 32413

Mailing Address
14806 FRONT BEACH RD, BOX 12
PANAMA CITY BEACH, FL 32413

2. Principal Place of Business
14806 front Beach Rd.
Suite, Apt. #, etc.
12

3. Mailing Address
14806 front Beach Rd.
Suite, Apt. #, etc.
12

City & State
Panama City Beach
Zip
32413
Country
Bay

City & State
Panama City Beach
Zip
32413
Country
Bay

10072005 REIN-P CR2E098 (6/04)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BAWCUM, MARK TODD
14806 FRONT BEACH RD, BOX 12
PANAMA CITY BEACH, FL 32413

7. Name and Address of New Registered Agent

Name
Same as Above.

Street Address (P.O. Box Number is Not Acceptable)

City
FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE
Mark T. Bawcum

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

11-1-05

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2006, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PST
BAWCUM, MARK TODD
14806 FRONT BEACH RD, BOX 12
PANAMA CITY BEACH, FL 32413 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
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☐ Delete

TITLE
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CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
200061220532 ☐ Change ☐ Addition
11/07/05--01065--012 **\$150.00

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mark T. Bawcum

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-1-05 (850) 527-2491

Date

Daytime Phone #

FILED
05 NOV -7 PM 2:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

